| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001  Application or Docket Number |   |   |              |                      |                                     |                  |          |                     |                        |    |   | ber                    |
|--|---|---|--------------|----------------------|-------------------------------------|------------------|----------|---------------------|------------------------|----|---|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |   |              |                      |                                     |                  |          | SMALL EN            | ITITY                  | OR | OTHER<br>SMALL I                        |                        |
| TOTAL CLAIMS 29  |   |   |              |                      |                                     |                  |          | RATE                | FEE                    | 1  | RATE                                    | FEE                    |
| FOR  |   |   | NUMBER F     | ILED                 | NUMBE                               | R EXTRA          |          | BASIC FEE           | 370.00                 | OR | BASIC FEE                               | 740.00                 |
| TOTAL CHARGEABLE CLAIMS  |   |   | 29 minus 20= |                      | *                                   | 9                |          | X\$ 9=              |                        | OR | X\$18=                                  | 162                    |
| INDEPENDENT CLAIMS   |   |   | / minus 3 =  |                      | *                                   |                  |          | X42=                |                        | OR | X84=                                    | 84                     |
| MU   | TIPLE DEPEN   | DENT CLAIM PF                             | RESENT       |                      |                                     |                  |          | +140=               |                        | OR | +280=                                   |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                             |   |   |              |                      |                                     |                  |          | TOTAL               |                        | OR | TOTAL                                   | 986                    |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2)  |   |   |              |                      |                                     | (Column 3)       | <b>l</b> | SMALL               | ENTITY                 | OR | OTHER<br>SMALL                          |                        |
| ENT A  |   | CLAIMS REMAINING AFTER AMENDMENT          |              | HIGH<br>NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR        | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                                    | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total   | * 21                                      | Minus        | ** 2                 | 9                                   | = /              | ]        | X\$ 9=              |                        | OR | X\$18=                                  |                        |
| AMEI   | Independent   | <u>* 3</u>                                | Minus        | *** (                | 1                                   | =/               |          | X42=                |                        | OR | X84=                                    |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                      |                                     |                  | J        | +140=.              |                        | OR | +280=                                   |                        |
|  |   |   |              |                      |                                     |                  |          |                     |                        | OR | TOTAL<br>ADDIT, FEE                     |                        |
|  | (Column 1) (Column 2) (Column 3)  |   |              |                      |                                     |                  |          | ADDIT. FEE          |                        |    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |
| AENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | A L          | NUI<br>PREV          | HEST<br>MBER<br>MOUSLY<br>D FOR     | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                                    | ADDI-<br>TIONAL<br>FEE |
| ENDM   | Total   | * /5                                      | Minus        | **                   | 29                                  | =                |          | X\$ 9=              |                        | OR | X\$18=                                  |                        |
| AMENDA   | Independent   | * 3                                       | Minus        | ***                  | T CLAIM                             | = /              | 4        | X42=                |                        | OR | X84=                                    |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                      |                                     |                  |          | +140=               |                        | OR | +280=                                   |                        |
|  |   |   |              |                      |                                     |                  |          | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE                     |                        |
| (Column 1) (Column 2) (Column 3)   |   |   |              |                      |                                     |                  |          |                     |                        |    |   |                        |
| AMENDMENT C  | 6   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NU<br>PRE\           | SHEST<br>IMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAI<br>FEE |    | RATE                                    | ADDI-<br>TIONAL<br>FEE |
| N QN   | Total   | *   | Minus        | **                   |                                     | =                |          | X\$ 9=              |                        | ОЯ | X\$18=                                  |                        |
| AME  | Independent   | *   | Minus        | ***                  | NT OLAT                             |                  | _        | X42=                |                        | OR | X84=                                    |                        |
|  | FIRST PRESE   | ENTATION OF M                             | IULTIPLE DE  | PENDE                | NI CLAIM                            | 1                | _        | +140=               |                        | OR |   |                        |
| *  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |   |              |                      |                                     |                  |          |                     | <u> </u>               | OR | TOTAL                                   |                        |
| -  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |                      |                                     |                  |          |                     |                        |    |   |                        |
|  |   |   |              |                      |                                     |                  |          |                     |                        |    | EDADTMENT (                             |                        |